PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

Effective October 1, 2000								b	38516	27	/ Pi	7-1
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER	THAN
TOTAL CLAIMS			46				F	ATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	SIC FE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			46 minus 20=		. 26		×	\$ 9=	934 -	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•	8	×	40=	390 -	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+	135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in						column 2	TO	TAL	908	OR	TOTAL	
CLAIMS AS AMENDED - PART II									AE14	J ~	OTHER	THAN
_		(Column 1)	(Column 2			(Column 3)	SA	IALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 73	Minus	40	0	= 32	X	9=	288	OR	X\$18≂	
	Independent	· /3	Minus //			= 2	X	40=	86	OR	X80=	
Ц.	FIRST PRESE	NTATION OF MU	DETIPLE DE	PENDENT	CLAIM		+1	35=	<u> </u>	OR	+270=	
									 	OB	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	AUUI	T. FEE		J -···,	AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVICE PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	X	9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	PENDENT	CLAIM	=	X	±0=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35≕		OR	+270=	
								OTAL FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		= '	X\$	9=		OR	X\$18=	
	Independent	•	Minus	***		=	Y/	0=			X80=	
٧.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u>-</u>		OR	A00=	
	* If the entry in column 1 is less than the entry in astume 2 units 100;									OR	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL A												

FORM PTO-875 (Rev. 8/00)